

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

6655

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH

County

Worcester

City or town

Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

11 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas D. Ayres

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

6. (b) Name of husband or wife

Julia Ayres

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age. 68 years

Dec 24-1873

8. AGE: Years

Months

Days

If less than one day

74

5

7

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

James Ayres

13. Birthplace

Virginia

14. Maiden name

Margaret Ann Hickman

15. Birthplace

Virginia

16. Informant

Mr. Julia Ayres

Address

Pocomoke Md.

17. Burial

Date thereof June 3 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Worcester Cemetery

Location

Worcester Va.

18. Funeral director

Henry Goldstein

Address

Pocomoke Md.

19. Date rec'd by registrar

June 3 1948

(Date rec'd by registrar)

Anne E. White

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland Worcester

City or town

Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-14-6596

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 1 1948 at 10:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4 February 1947 to 1 June 1948

1948

and that I last saw him alive on 31 May 1948

1948

Immediate cause of death

Obstructed Bowel

(Apoplexy)

Due to Arterial Hypertension, severe.

4 days

(3) Arteriosclerosis, generalized

years

marked

years

Other conditions, Cardiac hypertrophy &

years

dilation secondary to (2) above.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Norman E. Sartorius Jr.

M. D. or other

Address

Pocomoke Md.

Date signed 2 June 1948

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6656

CERTIFICATE OF DEATH

Reg. Dist. No.

350

1. PLACE OF DEATH:

Worcester

County

RURAL, Pocomoke City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

Rt. 2

How long in hospital or institution?

3. (a) FULL NAME

THELMA MARIE BRITTINGHAM

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

Colored

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

August 27, 1935

8. AGE:

Years

Months

Days

If less than one day

12

10

3

hrs.

min.

9. Birthplace

Pocomoke City-Worcester-Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

Daniel Brittingham

13. Birthplace

Pocomoke City, Maryland

14. Maiden name

Louise Dennis

15. Birthplace

Pocomoke City, Maryland

16. Informant

Daniel Brittingham

Address

Pocomoke City, Md. #Rt. 2

17. Burial

Date thereof July 3, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. James Cemetery

Location

Pocomoke City, Md. # Rt. 2

18. Funeral director

H. Harvey Bradshaw

Address

Pocomoke City, Md.

19. Date rec'd by registrar

1948

July 3

June E. White

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City, RURAL

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rt. # 2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 30, 1948 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1, 1948 to June 30, 1948

and that I last saw her alive on June 28, 1948

Immediate cause of death

Pneumonia

DURATION

After

Pneumonia

6 mo

Due to

Pneumonia

6 mo

Due to

Pneumonia

6 mo

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

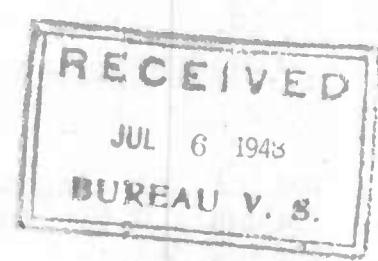
Injured at work?

23. SIGNATURE

J. E. White

M. D. or other

Address: June 30, 1948 Date signed: 7-3-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6657

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 317

1. PLACE OF DEATH:

County Worcester

City or town Stockton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1/2

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joshua T Collins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male colored widower

6. (b) Name of husband or wife

Louisa Collins

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Unknown 1861

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Stockton Md

(Town, county, and state)

10. Usual occupation

Labourer

11. Industry or business

MOTHER FATHER

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant

James T Bennett

Address

Stockton

17. Burial

Date thereof Jun 20 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hans Brinkley Cemetery

Location

Stockton Md

18. Funeral director

Jesse Bennett

Address

Stockton

19. M.F.

Date

June 20

1948

Date reg'd by registrar

1948

Mary M. Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1948 to June 18 1948 and that I last saw him alive on June 17 1948

Immediate cause of death

Hypertensive arterio-sclerotic cardio-renal disease

Due to renal disease

DURATION

Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

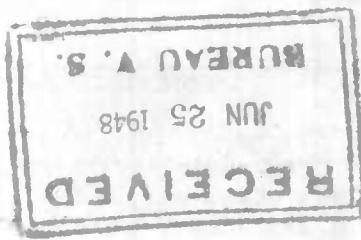
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Snow Hill Md Date signed 6/19/48



1861

1948

1861



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1910
6658

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County

City or town

Worchester

Snow Hill Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Viola Boston

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female

a. a

6. (b) Name of husband or wife

George a Boston

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

1890

8. AGE:

Years
58

Months

Days

It less than one day

hrs. min.

9. Birthplace

Snow Hill Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Same as above

MOTHER FATHER

James Spence

13. Birthplace

Snow Hill Md

14. Maiden name

Mary Richardson

15. Birthplace

Snow Hill Md

16. Informant

George a Boston

Address

Snow Hill Md

17. Burial

Date thereof June 30-1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Ebenezer

Location Snow Hill Md

18. Funeral director J. S. Stewart

Address Salisbury Md

19. (Date rec'd by registrar) 6/30/48

19. (Date rec'd by registrar) 6/30/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Worchester

City or town

Snow Hill Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

20 Mountain

(If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 27, 1948, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9, 1948, to June 27, 1948

and that I last saw her alive on June 25, 1948

Immediate cause of death

Pneumonia 3 days

Due to

Cerebral Apathy 10 days

Due to

Nephritis 7 years

Other conditions

Nephritis 1 year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

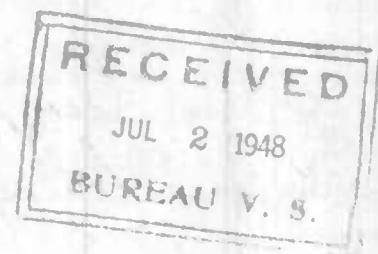
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE

M. D. or other

Address Salisbury Md Date signed 6/28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6659

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife..... Sallie Copper

7. Birth date of deceased (mo., day, yr.) Sept 5th 1860 6. (c) If alive, give age..... years

8. AGE: Years Months Days 11 less than one day

87 9 12 hrs. min.

9. Birthplace..... Berlin, Md. B221 (Town, county, and state)

10. Usual occupation..... Real Estate

11. Industry or business.....

12. Name..... Thomas Jones Copper

13. Birthplace..... Berlin, Md. B221

14. Maiden name..... Sallie Mary Smith

15. Birthplace..... Berlin, Md. B221

16. Informant..... Mrs. Arthur Davis

Address..... Ocean City Md

17. Burial..... Date thereof..... 6/20/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Bushygrund

Location..... Berlin Md

18. Funeral director..... Anna F. Embrey

Address..... Berlin Md

19. (Date rec'd by registrar) 6-21-48 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md County..... W. Chesapeake

City or town..... Ocean City Md
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 8 W. Chesapeake St
(If rural, give LOCATION)

2.(a) If veteran, name war..... No

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 17 1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19. and that I last saw h. ~~dead~~ June 17th 1948

Immediate cause of death..... Coronary Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

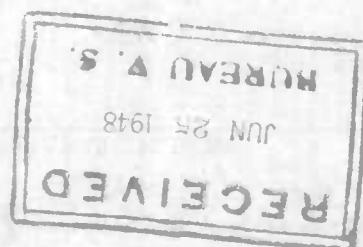
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

3. SIGNATURE..... M. D. or other

Address..... Ocean City Md Date signed 6/17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6660

CERTIFICATE OF DEATH

351

Reg. Dist. No.

1. PLACE OF DEATH:

County

Waycross
Siddletree Rural #1

City or town.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Douglas Baby Girl

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female
Beland Single

6. (b) Name of husband or wife

5. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

June 11-1948

8. AGE: Years

Months

Days

If less than one day

4 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

John William Douglas

13. Birthplace

Maryland

14. Maiden name

Alice Aspis

15. Birthplace

Maryland

16. Informant

John William Douglas

Address

Maryland

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof June 12/48

Cemetery or crematory

Methodist

Location

Stafton, MD

18. Funeral director

Lay O. Dennis

Address

Snow Hill, MD

19. (Date rec'd by registrar)

6/12/48

1948

Lay O. Dennis

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 11 1948, 21 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 11 1948, 10 June 11 1948, and that I last saw her alive on June 11 1948.

Immediate cause of death

Respiratory failure

DURATION

2 hr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert L. Mar, M.D.

M. D. or other

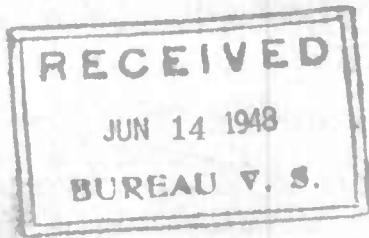
Snow Hill, MD Date signed 6/11/48

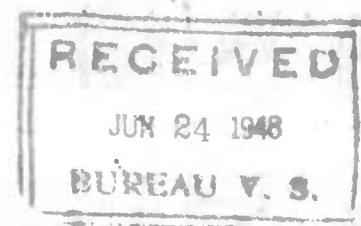
6/11/48

This infant was delivered in the home by the local midwife. It was 6 1/2 mos gestation & weighed 3 lbs. It was not abnormal in any way except for prematurity. It was placed in a box with blankets and a warm water bottle.

Arrangements were made to have the baby placed in the State's incubator at Peninsula General Hospital several hours after its birth, but it died before it was removed to the hospital.

P. H. LeMay, M.D.





8681
Re
8461



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6662

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 350

1. PLACE OF DEATH:

County

City or town

Worcester
Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years Months Days If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 2, 1948

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date read by registrar

July 2, 1948

Anne E. White

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland Worcester

City or town

Pocomoke (If outside city or town limits, write RURAL and give nearest town)

Street No.

Market Street (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 30, 1948 at 1:45 P.M.
6/30/48 12:30 P.M. June 30, 1948
and that I last saw him alive on 30 June 1948

Immediate cause of death

Right-sided heart failure
with acute pulmonary edema

Due to Myocarditis, chronic

Due to arteriosclerosis, generalized

Other conditions: At eighth stage lived
pregnant term (direct)
(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

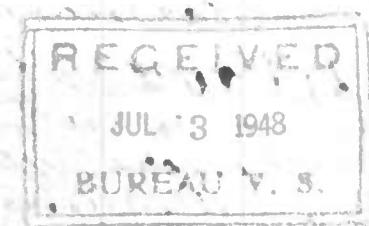
Means of injury

Injured at work?

23. SIGNATURE

Norman E. Sartoria Jr. M.D. or other

Pocomoke, Md. Date signed July 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year
of birth, shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6663

FILM No. G 116 AUG 2 - 1948 CERTIFICATE OF DEATH

164C
Reg. Dist. No. 355

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joshua Thomas Hamlin

Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male white singer

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

March 5, 1808 1877

8. AGE:

Years 71 Months 3 Days 21 If less than one day

9. Birthplace

Whaleyville W. Va. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Joshua T. Hamlin

13. Birthplace

Whaleyville W. Va. Md.

14. Maiden name

Mary Anne Davis

15. Birthplace

Whaleyville W. Va. Md.

16. Informant

Mrs. Rose Hamlin

Address

Whaleyville Md.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof 6/27/48

(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin Md.

18. Funeral director

Anna A. Buebey

Address

Berlin Md.

19. 6-27-

1948

Helen J. Hayward

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Worcester

City or town

Whaleyville Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 26, 1948 at 6:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

on June 26, 1948, to

and that I last saw him alive on

Immediate cause of death

Cerebral hemorrhage

Due to

Bullet wound through

Due to

head

Other conditions

Stroke for a week

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

UNITED STATES OF AMERICA

RECEIVED

RECEIVED

JUL 1 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6664

1316

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin R. I. D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

3. (a) FULL NAME

Ida Belle Rock.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married.

6. (b) Name of husband or wife Clayton Rock.

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

June 10, 1882

8. AGE:

Years

Months

Days

If less than one day

66 0 11 hrs. min.

9. Birthplace

Berlin Worcester Co. Md R. I. D.

(Town, county, and state)

10. Usual occupation

Housewife.

11. Industry or business

MOTHER FATHER

Ashley Nuttree.

13. Birthplace

Maryland.

14. Maiden name

Adeline Jarmann.

15. Birthplace

Maryland.

16. Informant

Mr. Clayton Rock.

Address

Berlin Md R. I. D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

6/24/48 (month) (day) (year)

Cemetery or crematory

Evergreen.

Location

Berlin Md.

18. Funeral director

Byron A. Bubba

Address

Berlin Md.

19. 6-23-

1948

Helen F. Hayward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County

Worcester

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 21 1948 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 10 19

and that I last saw her alive on June 21

1948

Immediate cause of death

Chronic Nephritis

Due to

Due to

Obstruction

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

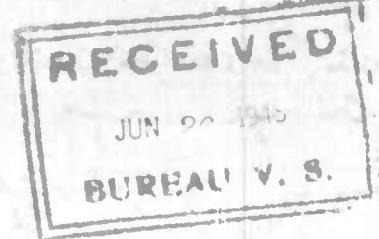
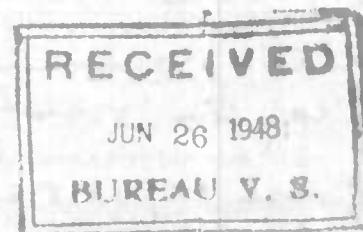
23. SIGNATURE

Chas. R. Law MD

M. D. or other

Address

Berlin Md. Date signed 6-23-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6665

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County..... *Worcester*City or town..... *Bushpawville*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6 days*Hospital, institution, or street address where death occurred: *✓*How long in hospital or institution? *✓*

3. (a) FULL NAME

Mary Regina Rickards

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Henry Rickards*7. Birth date of deceased (mo., day, yr.) *March 1890*6. (c) If alive, give age *72* years8. AGE: Years *58* Months Days If less than one day hrs. min. 9. Birthplace *Philadelphia, Pa.*

(Town, county, and state)

10. Usual occupation *Housewife*11. Industry or business *Housework*12. Name *Thomas Fay*13. Birthplace *Pa.*14. Maiden name *Sally Ann Sullens*15. Birthplace *Pa.*16. Informant *Henry Rickards*Address *Bushpawville, Md.*17. Burial Date thereof *June 21, 1948*(Burial, cremation, or removal which?) *2007* (month) (day) (year)Cemetery or crematory Location *Bushpawville, Md.*18. Funeral director *M. Pasha Watson*Address *Silbyville, Del.*

19. June 21, 1948 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Worcester*City or town *Bushpawville* (If outside city or town limits, write RURAL and give nearest town)Street No. *no number* (If rural, give LOCATION)2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 19, 1948* at *11:30 A.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan. 19, 47* to *June 19, 48*and that I last saw her *alive* on *June 19, 48*Immediate cause of death *Carcinomatosis, generalized*DURATION Due to *Carcinoma Cervix Uteri (Primary Site)*Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE *W. Garrett Hume M.D.* M. D. or other Address *Scriberville, Delaware* Date signed *June 19, 1948*

1948
0681
28



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6666

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS A15 T

1. PLACE OF DEATH:
County *Walter Co*
City or town *Macmake City R. F. D.*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John W. Silverthorne
4. Sex *M* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *married*

6. (b) Name of husband or wife *Bessie Marshall Silverthorne*

7. Birth date of deceased (mo., day, yr.) *Sept. 14, 1878* 6. (c) If alive, give age *—* years

8. AGE: Years *72* Months *8* Days *9* Less than one day *—* hrs. *—* min.

9. Birthplace *Accomac Co Va*
(Town, county, and state)

10. Usual occupation *farmer*

11. Industry or business *Colmore Silverthorne.*

MOTHER FATHER 12. Name *Colmore Silverthorne.*

13. Birthplace *—*

14. Maiden name *Sarah Wise Taylor*

15. Birthplace *Norman, Ga Shields*

16. Informant *Norman G Shields*

Address *New Church, Va*

17. Burial Date thereof *June 27, 1948*
(Burial, cremation, or removal, Which?) *Cemetery - Family* (month) (day) (year)

Cemetery or crematory *Cemetery - Family*

Location *New Church, Va*

18. Funeral director *H. A. Shields*

Address *New Church, Va*

19. Date rec'd by registrar *June 25, 1948* *June 25, 1948* *June 25, 1948*
(Date rec'd by registrar) *June 25, 1948* *June 25, 1948* *June 25, 1948*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State *West Virginia* *West Virginia, Ocean*

City or town *New Church* *New Church*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *R. F. D.* *R. F. D.*

(If rural, give LOCATION)

2.(a) If veteran, name war *✓*

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 23* *1948* *12:15 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 23rd 1948 *1948* *1948*

and that I last saw him *dead* on *July 23rd* *1948* *1948*

Immediate cause of death

Coronary Disease *—* *—*

DURATION *—* *—*

Due to *—*

Due to *—*

Other conditions *Anginal Attacks* *2 years*

(Include pregnancy within 3 months of death)

Major findings of operations *—* Date of op. *—*

Autopsy results *—*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *—* Date of *—*

Where did injury occur? *—* (City or town) *—* (County) *—* (State) *—*

Injured at home, farm, industry, public place (where?) *—*

Means of injury *—* Injured at work? *—*

23. SIGNATURE *H. E. Astorius Sr.* M. D. or other *—*

Address *Poquoson City Md.* Date signed *6/23/48*

RECEIVED
JUN 28 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

87d

6667

357

1. PLACE OF DEATH

County

Worcester

Registration Dist. No.

Village or City

Snow Hill

St. — Ward

Length of residence in city or town where death occurred

3

(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. R. F. A. L. St. — Ward
mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. — Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Edna Smallwood

6. DATE OF BIRTH (month, day, and year)

March 25, 1884

7. AGE

Years

Months

Days

If LESS than
1 day, — hrs.
or — min.

64

2

19

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Berlin, Md.

MOTHER FATHER

13. NAME

Littleton Burton Smallwood

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mary Ann Taylor

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Woodrow Smallwood

18. BURIAL, CREMATION, OR REMOVAL

Place

Bishopville, Md.

Date June 17, 1948

19. UNDERTAKER

(Address)

M. Lydia Watson

Selbyville, Del.

20. FILED

Date

6/15, 1948

The Day Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 14
(Month) (Day)1948
(Year)22. I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1948, to June 14, 1948.Last saw him alive on June 14, 1948; death is said
to have occurred on the date stated above, at 11:00 P. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Multiple Sclerosis

Date of onset

2-42

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Paul Green M. D.
(Address) Snow Hill, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Preeise statement of oecupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this seetion for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only oecupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the oecupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more preeise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	RECEIVED 1 week ago
Run over by street car	1 week ago
Peritonitis	JUN 10 1928 3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct grammar. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6668

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill, Route #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Amanda J. Spencer

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female A a widow

6. (b) Name of husband or wife Rev. Charles H. Spencer

deceased

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age Don't know

1874

8. AGE: Years Months Days It less than one day

74

hrs. min.

9. Birthplace Stockton, Worcester Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name Parker Williams Tull

13. Birthplace Don't know

14. Maiden name Hannah Marshall

15. Birthplace Don't know

16. Informant Miss Usila E. Spencer

Address Snow Hill, Md. Route #1

17. Burial Date thereof Jan 27, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Snow Hill

Location Snow Hill Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury, Md.

19. G.P. of 19.45 Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No. Route #1

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

now to June 23, 1945

and that I last saw her alive on June 22, 1945

Immediate cause of death

Broncho-pneumonia 2 days

Due to Bronchitis 5 days

Due to Diarrhea 5 days

Other conditions Hypertension 7 years

Nephritis 3 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

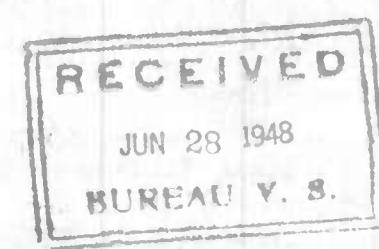
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. Herbert Gandy, M.D. Father

Address Salisbury, Md. Date signed 2/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6669

137a
Reg. Dist. No.

350

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Worcester

City or town

Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

56 Years.

Hospital, Institution, or street address where death occurred:

—

How long in hospital or institution?

—

3. (a) FULL NAME

alfred Kelley White

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White Single

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

June 4, 1883

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Linton, Limestone, Virginia

(Town, county, and state)

10. Usual occupation

Worke

11. Industry or business

alfred T. white

MOTHER FATHER

12. Name

Virginia

13. Birthplace

Limestone, Virginia

14. Maiden name

Emely J. S. Kelley

15. Birthplace

Maryland

16. Informant

M. Jane T. Rock

Address

Pocomoke, Md.

17. Burial

Cemetery or crematory

Date thereof

(month) (day) (year)

(Burial, cremation, or removal) Which?

Parkside Cemetery

Location

Parkside, Virginia

18. Funeral director

Henry S. Dabbs

Address

Pocomoke, Md.

19. Date rec'd by registrar

June 28, 1948

Anne E. White

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland Worcester

County

City or town

Pocomoke

(If outside city or town limits, write RURAL and give nearest town)

Street No.

—

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 26, 1948 a.m. 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 26, 1948 to June 26, 1948

and that I last saw him alive on June 26, 1948

Immediate cause of death

Pulmonary Edema

DURATION

1/2 day

Due to

Enlarged Prostat D.R.

Other conditions

Mastectomy performed all b/p

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

T. E. Easton, M.D.

M. D. or other

Address

Date signed

RECEIVED

JUN 30 1948

FEDERAL BUREAU OF INVESTIGATION